

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORRISTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>During the Annual Recertification Survey and Complaint Investigation TN27909 completed on June 22, 2011, deficiencies were cited related to the complaint and the survey under 42 CFR Part 482.13, Requirements for Long Term Care.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to address Psychiatric recommendations timely for three residents (#8, #12, #10) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility on June 10, 2004, with diagnoses including Paranoid Schizophrenia, Depression, Hypertension, and Diabetes.</p> <p>Medical record review of the Psychiatric note dated March 31, 2011, revealed "...Treatment plan/Recommendations 1.) Recommend to Primary Care Physician the following: Start resident on Zoloft 50 mg (Anti-Depressant) to help with depression and Libido..."</p>	F 281	<p>CORRECTIVE ACTION: Implementation of process to address psych recommendations on 6-23-11. 1) Psych visits and recommendations will be kept in a log for follow-up by Social Services 2) Copies of recommendations will be given to Unit Managers for timely follow-through of recommendation 3) Weekly review after psych visit by DON, ADON, UM, Social Services and ED to address completion of recommendations. Review of all recommendations for May and ongoing.</p> <p>RESIDENTS WITH POTENTIAL TO BE AFFECTED: All residents who are followed by psych services have the potential to be affected. All psych recommendations from May and June 2011 reassessed for timeliness of response to recommendation by Unit Managers, Social Services, DON and ADON by 6-28-11. No other residents found to be affected.</p> <p>SYSTEMATIC CHANGES: All associates involved in the process of psych recommendations were educated on 6-27-2011 on the process of psych recommendation follow through and completion. The DON provided the education to Social Services, Unit Management and ADON.</p>	8-1-2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Hollie Coates Hensley, DO

Executive Director

06/28/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1</p> <p>Medical record review of the Physician order dated April 8, 2011, revealed "Zoloft 50 mg po (by mouth) daily."</p> <p>Interview with the Director of Nursing on June 21, 2011 at 10:00 a.m., in the conference room, confirmed the facility failed to address the Psychiatric recommendations made on March 31, 2011, until April 8, 2011 (8 day delay).</p> <p>Medical record review of the Psychiatric note dated April 28, 2011, revealed "...Treatment plan/Recommendations 1.) Recommend to Primary Care Physician the following: increase Clozaril (anti-psychotic medication) to 150 mg QD (once daily)..."</p> <p>Medical record review of the physician order dated May 10, 2011, revealed "(increase) Clozaril to 150 mg PO daily..."</p> <p>Interview with the Director of Nursing on June 21, 2011 at 10:00 a.m., in the conference room, confirmed the facility failed to address the Psychiatric recommendations made on April 28, 2011, until May 10, 2011, (12 day delay).</p> <p>Resident #12 was admitted to the facility on November 15, 2008, with diagnoses including Hypertension, Psychosis, and Abnormal Gait.</p>	F 281			

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F 281	<p>Continued From page 2</p> <p>Medical record review of the Psychiatric note dated June 10, 2011, revealed "...Treatment plan/Recommendations 1.) Recommend to Primary Care Physician the following...Add Exelon patch (anti-psychotic medication) 4.6 mg to augment Namenda..."</p> <p>Medical record review of the Physician order dated June 19, 2011, revealed "Exelon patch 4.6 mg daily".</p> <p>Interview with the Director of Nursing on June 21, 2011, at 10:00 a.m., in the conference room, confirmed the facility failed to address the Psychiatric recommendations made on June 10 2011, until June 19, 2011, (9 day delay).</p> <p>Medical record review revealed Resident #10 was admitted to the facility on October 27, 2010, with diagnoses which included Dementia, Depression, Anxiety, and Alzheimer's.</p> <p>Review of a Psychiatric Note dated June 9, 2011, revealed a recommendation which stated, "I would suggest increasing...Paxil (medication used to treat depression) to 60 mg (milligrams)..."</p> <p>Review of physician's orders revealed an order for Resident #10 to receive Paxil 60 mgs was not written until June 14, 2011 (5 days after the recommendation was made).</p> <p>Interview with the Director of Nursing (DON) on</p>	F 281	<p><u>MONITORING:</u></p> <p>Beginning on 6-28-2011 the psych recommendation log will be brought to the morning clinical meeting and checked by DON and ED for completeness and timely follow through on all recommendations. This process will be completed weekly. A Performance Improvement Plan has been initiated to review new process. Director of Nursing will audit the process and Executive Director and monthly reporting to the PI committee began on 6/24/11.</p>		

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F 281	Continued From page 3 June 21, 2011, at 1:00 p.m., in the DON's office, confirmed the Paxil 60 mg, recommended on June 9, 2011, had not been ordered until June 14, 2011 (5 days after the recommendation was made). Interview with the Unit Director on June 21, 2011 at 3:20 p.m., in the hallway outside the cafeteria, revealed the psychiatric recommendation for Paxil 60 mgs had been faxed to the physician's office twice on June 13, 2011, and faxed once again on June 14th, when the order was obtained.	F 281			
F 323 SS=D	c/o 27909 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of the facility investigation, observation, and interview, the facility failed to ensure safety devices were in place for one (#5) resident of twenty-four residents reviewed. The findings included:	F 323	<u>CORRECTIVE ACTION:</u> Resident #5 had his anti rollbacks addressed immediately so both sides were present and functional. <u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents who utilize anti rollbacks have the potential to be affected and twice-weekly assessment of their use and functionality will be performed by lead C.N.A's for each hall. All residents throughout the facility who have anti rollbacks applied were assessed by 6-24-11 by DON, Asst. Maintenance Director and C.N.A's for presence and functionality no other residents were found to be affected.		8/1/2011

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F 323	Continued From page 4 Resident #5 was admitted to the facility on March 11, 2008, with diagnoses including Hypertension, Anemia, and Atrial Fibrillation. Medical record review of the fall risk assessment dated March 24, 2011, revealed the resident was at risk for falls. Review of the facility investigation dated March 24, 2011, revealed, "...Resident stated...fell onto the floor...recommendations...Anti-rollbacks..." Review of the witness statement form dated March 24, 2011, revealed, "...resident said...was washing...face and didn't lock ...w/c (wheelchair) and it slid out from under (resident)..." Medical record review of a physician's order dated March 24, 2011, revealed, "...Anti-rollbacks to w/c..." Medical record review of the careplan reviewed on April 24, 2011, revealed, "...Anti-rollbacks to wheelchair..." Observation on June 21, 2011, at 8:15 a.m., with the Assistant Director of Nursing, revealed the resident seated in a wheelchair with no anti-rollback on the left side of the wheelchair. Interview on June 21, 2011, at 8:30 a.m., with the Assistant Director of Nursing, at the nursing station, confirmed no anti-rollback on the left side of the wheelchair.	F 323	<u>SYSTEMATIC CHANGES:</u> Education by Staff Development Coordinator to address the use of anti rollbacks by 7-5-2011. Topics covered: C.N.A's use anti rollbacks found on their daily care guides, nurses can find on resident care plan. Each shift is responsible to address the anti rollbacks and assure that they are present and functional. <u>MONITORING:</u> Beginning on 6-24-11 all lead C.N.A's will be responsible for biweekly assessment of presence and function of anti rollbacks for 3 months, each shifts immediate C.N.A and Charge Nurse will be responsible for assessing the same and acknowledge this check on the residents MAR. Restorative aides will assess these weekly every Friday. Audits will be received by the Director of Nursing and monthly reporting to the Performance Improvement Committee started on June 23, 2011		
F 406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but	F 406			

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F 406	<p>Continued From page 5</p> <p>not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide timely physical therapy (PT) services for one resident (#14) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #14 was admitted to the facility on March 29, 2010, with diagnoses including Diabetes Mellitus, Anemia, Dementia, Depressive Disorder, Hypertension, Hemiplegia Dominant Side.</p> <p>Medical record review of the Minimum Data Set dated May 18, 2011, revealed the resident had moderately impaired cognition and required extensive assistance with walking, bathing, and dressing.</p> <p>Observation of the resident in the resident's room, on June 20, 2011, at 2 p.m., revealed the resident seated in a wheelchair watching television.</p> <p>Interview with the resident on June 20, 2011, at 2</p>	F 406	<p><u>CORRECTIVE ACTION:</u> Resident #14 will be screened by Physical Therapy for appropriateness for caseload on 6/27/2011. Restorative Nurse and Rehab Services Manager received education on policy for referral to therapy from Restorative Nursing on 6/27/2011.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents receiving Restorative Nursing have potential to be affected. Immediate assessment of all residents on caseload to assure that no other residents had been referred to therapy from Restorative Nursing. No other residents determined to be affected.</p> <p><u>SYSTEMATIC CHANGES:</u> Review of process with Restorative Nurse and Rehab Services Manager regarding process and procedure for referrals back to therapy from Restorative Nursing on 6/27/2011.</p> <p><u>MONITORING:</u> Weekly communication to be kept in a log with Restorative Nurse and Rehab Service Manager to assess residents on Restorative caseload and any need for referral to therapy. Process will be beginning on 6/30/2011 and will cease on 9/30/2011 unless further observation is needed.</p> <p>All findings from the weekly audits will be turned into the Director of Nursing and Executive Director so they can report monthly to the Performance Improvement Committee. This information will be reviewed beginning on 6/23/2011.</p>	8/1/2011

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F 406	<p>Continued From page 6</p> <p>p.m., in the resident's room, revealed the resident to be alert and oriented to person and place. The resident stated, "I'm not getting PT...I feel like I'm going down."</p> <p>Medical record review of a physician's telephone order dated April 19, 2011, revealed "...DC (discontinue) NRT (restorative nursing) refer to PT (physical therapy) for eval (evaluation) d/t (due to) decline..."</p> <p>Medical record review of the Rehabilitation services Multidisciplinary Screening Tool dated April 26, 2011, revealed the PT evaluation was not completed until April 26, 2011, a seven day delay.</p> <p>Interview with the Administrator on June 22, 2011, at 10:15 a.m., in the facility lobby, confirmed the PT evaluation was not done until April 26, 2011, seven days after the evaluation was ordered.</p>	F 406			